

KING COUNTY APPLICANT DATA SHEET

King County is an equal opportunity employer



PLEASE PRINT OR TYPE

Position Title: _____

Job Announcement #: _____

Social Sec. # _____ - -

Disclosure of your social security number is voluntary. It is used purely for applicant tracking purposes and, unless the position for which you are applying requires a background investigation, will not be disclosed to third parties prior to an offer, if any, of employment being extended.

Name: _____
LAST FIRST M.I.

Mailing Address _____
STREET APT/UNIT.# CITY STATE ZIP CODE

() - () - _____
HOME PHONE NUMBER MESSAGE PHONE NUMBER MESSAGE NAME

PLEASE READ CAREFULLY BEFORE COMPLETING INFORMATION BELOW.

For the purpose of implementing King County's Affirmative Action/Diversity Plan, we would appreciate it if you provide the information requested below. This is entirely voluntary. This information is strictly confidential and will not be used in the evaluation of your application. Falsification of any information requested below may disqualify your application and/or be grounds for dismissal. You may be required to verify this information.

Sex: ☐ Male ☐ Female

Race:

If you identify with more than one "ethnic origin" below, please read the following:

We respect your desire to do so. We are unable, however, to incorporate multi-ethnic identifications in our affirmative action program. If you wish to be included in the affirmative action program please identify below the one "ethnic origin" with which you most identify by placing an "X" in the adjacent box.

Definitions of Racial/Ethnic Categories

African American/Black: Persons having origins in any of the Black racial groups of Africa.

American Indian/Alaska Native: Persons having origins in the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.

Asian/Pacific Islander: Persons having origins in the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. These areas include China, Japan, Korea, the Philippine Islands, and Samoa.

Latino/Hispanic: Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin unique to the Americas, regardless of race.

White/Caucasian: Persons having origins in any of the original peoples of Europe, North Africa, the Middle East or Southwest Asia.

B ☐ African American/Black A ☐ Asian/Pacific Islander W ☐ White/Caucasian
I ☐ American Indian/Alaska Native H ☐ Latino/Hispanic

DISABILITY STATUS: A person with a disability is a person who has a physical or mental impairment which substantially limits one or more major life activities, or has a record of such impairment, or is perceived as having such an impairment, as defined by the Americans with Disabilities Act. Substantially limits means you are either unable to perform or are significantly restricted in performing a major life activity, such as caring for yourself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working.

Do you meet this definition? ☐ YES ☐ NO

YOU WILL BE REQUIRED TO MEDICALLY VERIFY THIS INFORMATION.

Will you need accommodation in the application or testing process? ☐ YES ☐ NO

If you check the "yes" box you will receive a letter requesting follow-up information.

TO REQUEST ACCOMMODATION IN THE APPLICATION OR TESTING PROCESS, PLEASE CALL (206) 296-5255 (VOICE) OR TTY VIA THE WASHINGTON RELAY SERVICE AT 1-800-833-6388.

I certify that the information provided above is accurate and true, and may be subject to verification.

SIGNATURE _____

DATE _____

PLEASE COMPLETE INFORMATION ON THE REVERSE SIDE OF THIS FORM.

CURRENT EMPLOYMENT WITH KING COUNTY:

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Are you currently a King County employee? ☐ YES ☐ NO**IF YOU ARE EMPLOYED BY A TEMPORARY AGENCY OR HAVE A CONTRACT WITH THE COUNTY, YOU ARE NOT CONSIDERED A COUNTY EMPLOYEE.**

Current job title (King County employees only): _____

In which department do you work?

- | | | |
|---|---|---|
| <input type="checkbox"/> Adult Detention | <input type="checkbox"/> Assessments | <input type="checkbox"/> Community & Human Svcs. |
| <input type="checkbox"/> Construction & Facility Mgmt. | <input type="checkbox"/> Council | <input type="checkbox"/> Development & Environmental Svcs. |
| <input type="checkbox"/> District Court | <input type="checkbox"/> Executive | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Information & Administrative Svcs. | <input type="checkbox"/> Natural Resources | <input type="checkbox"/> Office of Budget & Strategic Plng. |
| <input type="checkbox"/> Office of Human Resources Mgmt. | <input type="checkbox"/> Parks & Recreation | <input type="checkbox"/> Prosecuting Attorney |
| <input type="checkbox"/> Public Health | <input type="checkbox"/> Public Safety | <input type="checkbox"/> Superior Court |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Youth Services | |

MILITARY SERVICE/VETERAN'S PREFERENCE: Per RCW 41.04.010, certain veterans are eligible for Veteran's Preference. To be eligible, you must meet **ALL** of the following four criteria:

1. You are applying no later than 8 years following discharge from active service.
2. You have not previously used your veteran's status to obtain an offer of employment.
3. You served in the military during any period of war (the Persian Gulf War began August 2, 1990 and has not yet officially ended) (military service during the Lebanon crisis, the invasion of Grenada, or the Operation Just Cause in Panama must have resulted in award of the respective campaign badge or medal for these military actions) OR you received the Armed Forces Expeditionary Medal or the Marine Corps or Navy Expeditionary Medal for opposed action on foreign soil, or the Southwest Asia Service Medal.
4. You served on active duty for at least 180 days. (Reserve and National Guard Service for less than six continuous months is not regarded as active duty.)

Have you ever obtained employment in

Washington State using Veteran's Preference?

☐ YES ☐ NO

Do you claim Veteran's Preference for this examination?

☐ YES ☐ NO

If claiming Veteran's Preference, you must attach form DD214.

Have you served on active duty in the U.S. military in the last 96 months?

☐ YES ☐ NO

If yes: Branch of service: _____

Active Duty Dates _____ / _____ to _____ / _____

Regular ☐ Reserve ☐National Guard ☐

Are you receiving veteran's retirement pay?

☐ YES ☐ NO**REFERRAL SOURCE:** How did you learn about this position?Mark one box from the list below.

- | | | | | |
|----|--------------------------|--|------------|--|
| A. | <input type="checkbox"/> | County posting | | |
| B. | <input type="checkbox"/> | King County 24-hour job line | | |
| C. | <input type="checkbox"/> | Job fair | | |
| D. | <input type="checkbox"/> | An on-line service | | |
| E. | <input type="checkbox"/> | King County employee referral | | |
| F. | <input type="checkbox"/> | A friend/word of mouth | | |
| G. | <input type="checkbox"/> | Seattle Times or Post-Intelligencer: date _____ | | |
| H. | <input type="checkbox"/> | Other daily newspaper or publication: specify _____ | date _____ | |
| I. | <input type="checkbox"/> | Employment newspaper: specify _____ | date _____ | |
| J. | <input type="checkbox"/> | Minority community newspaper: specify _____ | date _____ | |
| K. | <input type="checkbox"/> | College/university placement office: specify _____ | | |
| L. | <input type="checkbox"/> | Walk-in | | |
| M. | <input type="checkbox"/> | King County Website | | |
| N. | <input type="checkbox"/> | King County E-Mail | | |
| O. | <input type="checkbox"/> | Referred by community agency or group: specify _____ | | |
| P. | <input type="checkbox"/> | Other: specify _____ | | |

KING COUNTY APPLICATION FOR EMPLOYMENT

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Position Title: _____ Job Announcement #: _____

Instructions:

- ♦ Carefully read the job announcement relating to the position for which you are applying.
- ♦ Provide all information requested by **typing or printing** in ink.
- ♦ Be sure to date and sign the application. An incomplete application may delay action or disqualify you.
- ♦ Please return this application and other required materials before 4:30 p.m. on the closing date as indicated on the job announcement.

Office: (206) 296-7340
Jobline: (206) 296-5209
Washington Relay Service: 1-800-833-6388

Last Name		First Name		Middle Initial	
Street Address		City		State Zip Code	
Social Security Number - -		Home Phone () -		Name and Message Phone No. () -	
Are you 18 years or older?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you accept a part time position?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you accept a temporary position?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a U.S. Citizen?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you provide documentation which authorizes you to work in the United States of America?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
High School	Location (City & State) ,		Dates (From/To) / to /		<input type="checkbox"/> Yes <input type="checkbox"/> No Graduate/G.E.D.
College or University	Location (City & State) ,		Dates (From/To) / to /		<input type="checkbox"/> Yes <input type="checkbox"/> No Graduate
Degree Title	Date	Major		Credit Hours	
Other Training	Location (City & State) ,		Dates (From/To) / to /		
Other Training	Location (City & State) ,		Dates (From/To) / to /		
Other valid professional licenses and certificates:		Type of License:	Issuing State	Registration No.:	Expiration Date
Names of Relatives Employed by King County		Department/Division		Relationship	
<p>I certify that all statements on my application materials are true to the best of my knowledge. I understand that false statements shall be sufficient cause for elimination from further consideration or, if employed, for disciplinary action up to and including termination, where appropriate. Unless otherwise indicated, I agree and give my consent that any person, firm or organization listed hereon is authorized to furnish King County with reference material concerning my character, past employment or any other information requested. Further, I understand that at the time of hire I will be required to provide documentation which authorizes me to work in the United States of America.</p>					
Signature:				Date:	
For Office Use Only					
<input type="checkbox"/> Accepted <input type="checkbox"/> Accepted subject to:		<input type="checkbox"/> Disqualified <input type="checkbox"/> Experience <input type="checkbox"/> Education <input type="checkbox"/> Other (specify)		Analyst	Date
Action					

Alternative Format Available

Previous Employment Instructions: This section must be completed in detail. A resume will not substitute for a completed King County application form. Beginning with your present or most recent employment, list your work experience history. Please limit your history to the last 10 years unless you feel that work experience is related to this position. Include any periods of self employment, unemployment, U.S. military service, and any job-related volunteer experience. If more than one position has been held with the same employer, list each separately. If additional space is necessary, please attach a separate sheet.

Job Title		Employer's Name and Address	
Supervisor's Name			
Supervisor's Phone Number () -	Employer's Phone # () -	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of employees supervised by you:
Dates Employed (Mo./Yr.) / to /	Hours per week:	Last Salary \$	
Duties:			
Reason for leaving or considering change:			
Job Title		Employer's Name and Address	
Supervisor's Name			
Supervisor's Phone Number () -	Employer's Phone # () -	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of employees supervised by you:
Dates Employed (Mo./Yr.) / to /	Hours per week:	Last Salary \$	
Duties:			
Reason for leaving:			
Job Title		Employer's Name and Address	
Supervisor's Name			
Supervisor's Phone Number () -	Employer's Phone # () -	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of employees supervised by you:
Dates Employed (Mo./Yr.) / to /	Hours per week:	Last Salary \$	
Duties:			
Reason for leaving:			
Job Title		Employer's Name and Address	
Supervisor's Name			
Supervisor's Phone Number () -	Employer's Phone # () -	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of employees supervised by you:
Dates Employed (Mo./Yr.) / to /	Hours per week:	Last Salary \$	
Duties:			
Reason for leaving:			
Job Title		Employer's Name and Address	
Supervisor's Name			
Supervisor's Phone Number () -	Employer's Phone # () -	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of employees supervised by you:
Dates Employed (Mo./Yr.) / to /	Hours per week:	Last Salary \$	
Duties:			
Reason for leaving:			

Job Title		Employer's Name and Address	
Supervisor's Name			
Supervisor's Phone Number () -	Employer's Phone # () -	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of employees supervised by you:
Dates Employed (Mo./Yr.) / to /	Hours per week:	Last Salary \$	
Duties:			
Reason for leaving:			

Job Title		Employer's Name and Address	
Supervisor's Name			
Supervisor's Phone Number () -	Employer's Phone # () -	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of employees supervised by you:
Dates Employed (Mo./Yr.) / to /	Hours per week:	Last Salary \$	
Duties:			
Reason for leaving:			

Job Title		Employer's Name and Address	
Supervisor's Name			
Supervisor's Phone Number () -	Employer's Phone # () -	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of employees supervised by you:
Dates Employed (Mo./Yr.) / to /	Hours per week:	Last Salary \$	
Duties:			
Reason for leaving:			

Job Title		Employer's Name and Address	
Supervisor's Name			
Supervisor's Phone Number () -	Employer's Phone # () -	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of employees supervised by you:
Dates Employed (Mo./Yr.) / to /	Hours per week:	Last Salary \$	
Duties:			
Reason for leaving:			